

Amended
Public Health Committee Minutes
September 10, 2012 – 4:00 p.m.

Present: Chairman Wright; Supervisors Raymond, Kinowski, Veitch, Southworth, Grattidge, Yepsen, Collyer and Wood; Spencer Hellwig, Administrator; Ryan Moore, Mgmt. Analyst; Diane Brown, Maplewood Manor; Karen Levison, Public Health; Sam Pitcherale, Treasurer; Hugh Burke, County Attorney; Press.

Chairman Wright called the meeting to order and welcomed all in attendance.

On a motion made by Mrs. Southworth, seconded by Mr. Kinowski the minutes of the August 13, 2102 meeting were approved unanimously.

Mrs. Brown said the pharmacist contract expired on August 31, 2012 and per regulation every resident must be reviewed at least once a month by a registered pharmacist. Eleven RFP's were sent out with two returned back, and two responses. Of the two responses, an analysis was completed, and Pharmacy Associates of Glens Falls Inc., which is the DBA for Royal Care, was the lowest bidder. Based on the analysis it was estimated that the fees for a 12 month period would be approximately \$24,500. The contract announced that it was \$6.10 per licensed bed per month with a \$10 per occurrence for an interim medical records review, which is when a resident comes in for a short term rehab or has a significant medical changing condition; it would be given a special review. With regard to optional services, there is a registered pharmacist, if needed, would be at \$65 an hour and \$55 an hour for the nurse. The contract would be retroactive to September 1, 2012 for one year, with an option to extend it on a yearly basis for up to five years.

A motion was made by Mr. Grattidge, seconded by Mr. Kinowski to approve entering into an agreement with Royal Care Pharmacy. Unanimous.

Mrs. Brown said there are currently 39 empty beds with four residents in the hospital which Maplewood does not receive beds holds on, so that is the equivalent of having 43 empty beds. There are two residents that are in the process of being discharged in the next two to three weeks. Since July 1st there have been only nine admissions, with admissions down 38% this year, and only 54 admissions year to date. Of the ones that have been admitted, 35% of them came from other nursing homes, adult homes or private homes, therefore they would not meet the criteria for Medicare coverage and Medicare is the highest payer. The reason that they can be admitted is because it is a longer process and not an urgency. That is why we are seeing the increase in the number of people coming from other locations, but it is still a struggle in obtaining information. There are some facilities with some empty beds, but not as many as at Maplewood, so the applicants are going to the facilities with the least amount of resistance, she said.

Ms. Raymond said the Consultants had said last month that there was a shortage of beds in the county. Mrs. Brown said that was based on the New York State report, and at this point we are not seeing that, she said. Of the residents admitted, eight were admitted to the Dementia Unit, and 8 were admitted to the lighter care unit, which are the type of residents that are bringing down the caseload. On the lighter care unit most are Medicaid residents, she said.

Ms. Yepsen said she didn't understand the risk of loss of not taking people from Saratoga Hospital and the risk of potentially losing \$90,000 a year per patient. She asked why the county was not taking the 28 to 30 patients at Saratoga Hospital who are currently waiting for beds, when the placement at Maple wood in 2010 was 98, 2011 57, and in 2012 23.

Mrs. Southworth said we would be losing more than we would gain by taking them. They are the at risk people for non-payment.

Ms. Yepsen said with Medicaid patients the county could gain up to \$90,000 per year. Mrs. Southworth said a lot of these patients are not Medicaid approved. She said what was happening along the way was that the county wasn't getting the paperwork and the patients weren't becoming eligible and people weren't paying the private rate pay for those days and using up their money before the bills got paid.

Ms. Yepsen said that what Saratoga Hospital is finding is that they have to send their patients outside of the county and sometimes outside of the State, which means the County is still paying for them and they are not local. She said the Wesley people sit down with the Saratoga Hospital Staff on a weekly basis and they look at risk stratification. Ms. Yepsen said it would behoove Maplewood Manor subcommittee to sit down with Saratoga Hospital and their consultants who really look at every single patient in length and evaluate them. She said the county could probably take more patients without risk. Mrs. Southworth said the difference is that the county does not have the administrative staff to put in the hospital to do that. Ms. Yepsen said the hospital has offered to send their social worker who could meet with the Director of Care Management, the Supervisor of Medicaid and Mrs. Brown every week. She said Wesley is filling beds and they are not losing money.

Mr. Hellwig said based on conversations that the county had with Saratoga Hospital and the Department of Social Services which processes those applications, it was determined that option would be best served by the family members that are struggling with the applications to meet with the consultants and have them guide them through the process because ultimately that is where the block is. Sometimes it is because they are not providing the information or working diligently enough to get it and sometimes it is just lack of expertise in that area because it is a complicated process. They also went from a three year look back to a five year look back and that is really when the blockade began. Up to that point even though there was a similar process in place, the additional two years of financial records is difficult in some cases. Mr. Hellwig said the county is no longer in a position to absorb \$10 million a year.

Ms. Yepsen said she would like to see the review group include some senior members of the hospital to help review the individual cases each week or month and see how it goes for a while.

Mr. Grattidge said the consultant talked about when the Affordable Care Act begins to kick in; all these patients on Medicaid are going to be managed by an HMO. The question then would be would there be a better vehicle to process that.

Mr. Hellwig said ideally if you could get the State to revise the requirements to Medicaid eligibility that would solve the problem because the county is bound by their standards. This is not something that the county has come up with. It is the State rules and regulations that the county has to follow along with every other nursing home in terms of getting reimbursement.

Ms. Raymond said she has no problem in looking into it and finding out what is involved. She said she doesn't think the county will gain anything because if we get people that are not eligible or families don't cooperate because they aren't able to cooperate, the county will head right back down the hill.

Mrs. Southworth said it was her understanding that Wesley had someone in the hospital Monday through Friday meeting with the families and patients. They have allocated significant resources and dollars to that path

Mr. Hellwig said another step that has been taken as a result of the initial conversations with the hospital is that DSS has assigned a full time employee to deal directly anytime the hospital has an issue or question.

Ms. Yepsen said it is not the quality of the patient that we can change, but we can make things more efficient, open communications and try it. The hospital is asking to do this and they are going to present their consultant whenever we want them at no charge to the county. They are the ones that are actually helping the patient fill out the paperwork with the family and they have contact with DSS and yet it is still not working, she said.

Mr. Wright suggested having Mrs. Brown contact Saratoga Hospital and listen to their ideas and bring information back to the committee for consideration.

Ms. Levison requested acceptance of an Emergency Preparedness Grant in the amount of \$194,521, which runs from July 1, 2012 through June 30, 2013. The grant will cover staffing, equipment, and supplies for Emergency preparedness activities which include ongoing emergency training for staff in response to an outbreak. This year it will include a full exercise to test the level of preparedness. She said the Health Educator will be going out to train staff from the community partners, such as Global Foundries and Stewarts, so they will be able to vaccinate their own people and their families, as well as keeping the regular staff working toward the community.

A motion was made by Mr. Grattidge, seconded by Ms. Raymond to accept an Emergency Preparedness Grant in the amount of \$194,521. Unanimous.

Ms. Levison said Public Health is still having RN staff shortages due to leaves and resignations. She is requesting approval to extend the contract for temporary Medical Staff an additional 12 weeks at a cost not to exceed \$25,000.

A motion was made by Mr. Kinowski, seconded by Mr. Veitch to extend a contract for temporary Medical Staff in the Public Health Department for an additional 12 weeks at a cost not to exceed \$25,000. Unanimous.

Ms. Levison said she has been working on a billing collection policy in the County. She said the reason this started was because there were bits and pieces all in different protocols and practices, but no actual policy on how billing was done, which is a requirement for the certified home health agency. Also under the prevention programs there will be a lot more billing in the future, she said.

Ms. Levison said there have been changes in Medicaid and Medicare managed care programs which is causing a great deal of confusion for patients. The State is exploring administration fees for several of the prevention programs, especially the Vaccine for Children Program. There is no policy that addresses all aspects of the billing at this point. The policy has been reviewed by the County Administrator, Auditor, Treasurer and Chairman of Public Health. This policy will include no charge to patient services, such as Early Intervention home visits. The homecare charged services include skilled nursing services PT's OT's and home health aides, and in that patients are billed for co-pays, co insurance and/or deductibles. The patient's responsibility is based on their level of insurance coverage. The homecare patients that are unable to pay will be offered a sliding fee scale based on 200% of the Federal Poverty Level. Patient responsibility is based on a combination of income, resources, and the number of persons in the household.

Ms. Levison said the determination for the sliding fee scale is based on the uninsured or underinsured persons, including patients with insurance who cannot meet patient responsibility such as co-pays, co-insurance and/or deductibles.

The committee decided to take more time to review the Billing and Collection Policy before taking any action.

Mr. Hellwig gave a brief update on the Maplewood Manor Assessment as follows: He said it has been approximately one month since the report was released to the Board, and the Administrators office has been fielding questions from Board Members since then. The Chairman indicated that no action would be taken on anything, in terms of recommendations to the Board, on what the next step would be before October. Mr. Hellwig said he would be reaching out to the consultant's to obtain guidance on pursuing one of the recommendations, which was to have an evaluation done of the facility and the operation as a whole as a starting point. He said he would anticipate a recommendation to the committee in October on what options are available to pursue that.

On a motion made by Mrs. Southworth, seconded by Mr. Rowland the meeting was adjourned.

Respectfully submitted,
Chris Sansom